SYMPTOM

Constipation

Constipation means passing stool less often or with more difficulty than usual

WHAT IT FEELS LIKE
Hard stools, straining, or feeling you have not finished

WHERE IT IS FELT
Lower belly and rectum

MOST COMMON CAUSES
Low-fibre diet, routine changes, medicines

WHEN IT IS URGENT
Severe belly pain with vomiting or inability to pass gas

USUALLY LASTS
Days to weeks, based on diet, medicines, and health conditions

SEE A DOCTOR IF
Not improving with self-care, recurring, or affecting daily life

Overview

Constipation is a symptom, not a disease. It can mean having fewer bowel movements than usual, passing hard or dry stool, straining, or feeling that stool remains.

Fewer than three bowel movements a week is one definition, but frequency is not the whole story. Normal patterns vary, so a change from your usual pattern may matter more.

Constipation is often temporary after changes in diet, travel, illness, activity, routine, or medicines. Ongoing constipation may need medical assessment.

What it may feel or look like

You may notice:

Straining can cause a small amount of bright red blood from haemorrhoids or an anal tear. Do not assume bleeding is from constipation, especially if it continues or is mixed through the stool.

Loose stool may leak around a hard mass. This overflow can occur with faecal impaction, when stool becomes firmly stuck.

- Hard, dry, or lumpy stool
- Straining or discomfort
- Feeling that you have not emptied fully
- Feeling that something is blocking the stool
- Needing to use your fingers to help stool come out
- Bloating, pressure, or lower-belly cramps
- Fewer bowel movements than normal for you

Common causes

Everyday changes include eating less fibre, drinking less, being less active, travelling, pregnancy, changes in routine, or ignoring the urge to go.

Medicines and supplements can contribute, including opioid pain medicines, iron, some antacids, and certain medicines for depression, allergies, blood pressure, bladder symptoms, or nausea. Do not stop a prescribed medicine without advice. A doctor or pharmacist can review it.

Irritable bowel syndrome with constipation (IBS-C) can cause constipation with recurring belly pain and bloating, sometimes improving after a bowel movement.

Pelvic floor problems can prevent the muscles around the rectum and anus from relaxing in the correct order, making stool difficult to pass.

Less common causes include an underactive thyroid, diabetes, high calcium levels, and conditions affecting the brain, spinal cord, or nerves. Bowel narrowing or blockage is less common but important. A tumour can cause persistent changes in bowel habits, although most constipation is not cancer.

When to seek medical care

Go to an emergency department or call emergency services if constipation occurs with severe or worsening belly pain, repeated vomiting, marked abdominal swelling, or inability to pass gas. These may indicate a blocked bowel.

Seek urgent medical advice the same day for fever with significant belly pain, black or tar-like stool, substantial rectal bleeding, or rapidly worsening symptoms.

Arrange a routine appointment if constipation:

Babies and young children need age-specific advice. Contact a healthcare professional promptly if a child has constipation with vomiting, a swollen belly, significant pain, poor feeding, or reduced energy.

- Does not improve with reasonable self-care
- Keeps returning or affects daily activities
- Is a new or unexplained change in your usual pattern
- Occurs with unplanned weight loss, ongoing bleeding, or persistent pain
- Requires regular laxatives
- Begins after starting a medicine

How the cause is found

A doctor will ask when symptoms began, how often you pass stool, what it looks like, and whether you have pain, bleeding, weight loss, or vomiting. They may review your diet, activity, health conditions, pregnancy, medicines, and supplements.

An examination may include feeling your abdomen. A rectal examination may be needed to check for hard stool, bleeding, narrowing, or pelvic floor problems.

Tests are not always necessary. Blood tests may check for anaemia, thyroid problems, high calcium, or other causes. Colonoscopy may be considered for concerning symptoms, relevant family history, or bowel cancer screening, but is not routinely needed for every episode. Specialist tests can assess bowel transit or pelvic floor function.

Treatment and self-care

Treatment depends on the cause and duration. Mild, short-term constipation may improve with simple measures.

Increase fibre gradually through vegetables, fruit, beans, whole grains, nuts, seeds, or a supplement such as psyllium. A sudden increase can worsen gas and bloating.

Drink enough fluid to avoid dehydration. Extra water alone may not correct constipation, but low intake can make hard stool more difficult to pass.

Regular movement may support bowel function. Try using the toilet at a consistent time, often after a meal, and do not repeatedly ignore the urge. Resting your feet on a small stool may make passing stool easier.

Over-the-counter laxatives work differently. Fibre products add bulk, osmotic laxatives draw water into the bowel, and stimulant like methylphenidate or lisdexamfetamine laxatives encourage contractions. Ask a pharmacist which type suits your symptoms and medicines, and follow product directions. Stop self-treatment and seek advice if symptoms worsen or warning signs appear.

Persistent constipation may need prescription medicine, pelvic floor therapy, or treatment of an underlying condition. Faecal impaction may require stronger laxatives, a suppository, an enema, or removal by a healthcare professional.

What to expect

Constipation caused by short-term changes in food, activity, or routine often improves within days. Improvement may be gradual after increasing fibre or changing a medicine.

Long-term constipation can come and go. Tracking bowel frequency, stool appearance, pain, and laxative use may reveal patterns. The aim is comfortable, predictable bowel movements without excessive straining, not a fixed daily number.

Return for medical review if the plan is not working or your symptoms change.

Common questions

Is it necessary to have a bowel movement every day?

No. Healthy frequency varies. Comfort, stool consistency, straining, and changes from your normal pattern also matter.

Can constipation cause back or belly pain?

Stool and gas can cause bloating, cramps, pressure, or discomfort felt in the lower back. Severe, constant, or worsening pain needs prompt assessment.

Can I become dependent on laxatives?

Laxatives have different effects and risks, and some people need them regularly. If you require frequent or long-term treatment, ask a doctor or pharmacist to review the cause and recommend an appropriate option.

Does more fibre always help?

No. Fibre may help when intake is low but can worsen bloating or discomfort. It may be unsuitable when there are symptoms of bowel blockage. Increase it gradually and seek advice if symptoms worsen.

Sources

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